Exh D- part 12

Policy and Procedure
For Teaching Physician
Documentation for
NICU, ER, Inpatient Peds

10/20/99

New Patients:

A) The TP must provide personal supervision and must note key elements of each of the three areas in own hand.

We are teaching our physicians to write the following: History reviewed, Patient examined and agrees with Dr. Resident's findings. My findings are. ..(Restate some of the findings)

Established Patients (Follow up consultations, Subsequent Inpatient visits, post op visits)

A) Addressing any two of the three key elements:

1) History
2) Exam
3) Medical Decision Making

Procedures:

A) The teaching physician must be present during critical times for major surgical or other complex procedures for which he/she bills.

We are teaching our physicians to write the following:

Procedure performed under my direct supervision with assistance by Dr. Resident-TP's signature

I personally supervised...

Medical Students:

A medical student is never considered to be a resident. Any contribution of a medical student to the performance of a billable service or procedure must be performed in the physical presence of a physician or jointly with a resident in a service meeting the requirements set forth for teaching physician billing.

A teaching physician must redocument the history of present illness (HPI) even though the HPI has been documented by a medical student, the Assn. of American Medical Colleges said it has learned in a recent clarification by HCFA of an October letter to

AAMC (PBN 1/4/99). The teaching physician must document the HPI in his/her personal note – rewrite the HPI in all cases. Only the student's notes on review of systems (ROS) and personal family social history (PFSH) don't need to be redocumented.

We are teaching our physicians to write the following:

ROS and PFSH reviewed and agreed with medical students. My findings...(MUST perform a complete HPI, exam and medical decision making.)

References:

Complete Guide to Part B Billing and Compliance, St Anthony's Publishing
Coding Answer Book, United Communications Group

Prepared by: Kara England, CPC
Cindi Coyle, CPC

A20613

Policy and Procedures
For Teaching Physician
Documentation for
NICU, ER, Inpatient Peds

Revised 11/8/99

New Patients:

A) The TP must provide personal supervision and must note key elements of each of the three areas in own hand.

We are teaching our physicians to write the following: History reviewed. Patient examined and agrees with Dr. Resident findings. My findings are...(Restate some of the findings in each area)

Established Patients (Follow-up consultations, Subsequent inpatient visits, post op visits)

A) Addressing any two of the three key elements:

1) History
2) Exam
3) Medical Decision Making

Procedures:

A) The teaching physicians must be present during critical times for major surgical or other complex procedures for which he/she bills.

We are teaching our physicians to write the following:

I performed the procedure with assistance by Dr. Resident-TP's signature

I was physically present through out the entire procedure. (Use if Dr. Resident performs major portion of a procedure)

Medical Students:

A medical student is never considered to be a resident. Any contribution of a medical student to the performance of a billable service or procedure must be performed in the physical presence of a physician or jointly with a resident in a service meeting the requirements set forth for teaching physicians billing.

A teaching physicians must re-document the history or present illness (HPI) even though the HPI has been documented by a medical student, the Assn. of American Medical

Colleges said it has learned in a recent clarification by HCFA of an October letter to AAMC (PBN 1/4/99). The teaching physicians must document the HPI in his/her personal note – rewrite the HPI in all cases. Only the student's notes on review of systems (ROS) and personal, family and social history (PFSH) does not need to be re-documented.

We are teaching our physicians to write the following:

ROS and PFSH reviewed and agreed with medical student. My findings...(Must perform a complete HPI, exam and medical decision making.)

Procedure done by Medical Students:

- **If key portion of procedure is done by medical student it is not considered a billable service.**

References:

Complete Guide to Part B Billing and Compliance, St Anthony's Publishing
Coding Answer Book, United Communications Group

Addendum -11/8/99

Prepared by: Kara England, CPC
Cindi Coyle, CPC

A20615

Policy and Procedure Update
Teaching Physician Guidelines
3/1/00

Dear All-

We are still seeing problems with documentation regarding PATH (Teaching Physicians) guidelines. This applies to both residents and medical students. We would like to clarify some of the guidelines so that as attendings, you understand how the coders review your documentation.

Guidelines for Residents:

If a resident is involved in any part of the E/M (evaluation and management) and the attending wants to use documentation provided by the resident, the attending should document a reference to the resident's note.

Example:

History reviewed, patient examined and I agree with Dr. Resident's findings and treatment plan.

If the attending does not refer to the resident's notes, then the attending's documentation will **stand-alone (as if no resident has seen the patient)**. This means, that **any** part of the E/M performed by the resident, when **not** referred to by the attending, will **not** count towards the level of service.

Example:

History reviewed, patient examined. Patient presents with one-day history of asthma...

This note would **stand-alone** based on the documentation and the resident's note will be **omitted** when choosing the level of service.

When referring to a resident's notes, **attendings must still briefly state key elements of history, exam, and decision making.**

Example:

History reviewed, patient examined and I agree with Dr. Resident's findings and treatment plan. My findings include history of asthma with increased wheezing and cough. **(history)** *On exam, patient has scattered wheezes and some rales and crackles.*

(exam) *Needs aerosols and chest x-ray to rule out pneumonia. Admit if no response.* **(decision making)**

This note, when combined with the resident's note, would probably meet the documentation requirements for a **detailed history, detailed exam and moderate complexity decision making**. However, if the resident's note were not referred to and this note had to **stand-alone**, documentation would only support an **expanded problem-focused history, a problem focused exam, and moderate complexity decision making.** In the Emergency Department, this would **decrease** the E/M level from a level **IV** E/M to a level **I** E/M. This is why attendings **must** make sure to refer to the resident's note if it is being used to support the level of service.

For procedures involving residents, an attending **must be present during the key portion of the procedure** and document accordingly. **Attending must make statement that he/she was present during the key portion of procedure.** If the resident dictates the note, the note must indicate the attending's presence during the key portion of the procedure in the form of an attestation in the note, or via a simple declarative statement in the body of the note by the attending.

Example:

I was present to observe Dr. Resident perform the key portion of this procedure.

Or

The key portion of this procedure was performed in my presence.

Example of resident procedure note supervised by attending:

Procedure Note: Area infiltrated with 1 % lidocaine without epinephrine and irrigated and cleansed well. Total of five interrupted sutures of 4-0 Ethilon were placed. Dr. Resident - ***I was present to observe Dr. Resident perform the key portion of this procedure. Dr. Attending***

Guidelines for Medical Students:

If a medical student is involved in **any** part of the E/M (evaluation and management), only **certain** areas of documentation can be used by the attending to support the level of service. This would be the **ROS** (review of systems) and the **PFSH** (past, family and social history). If the attending wants to incorporate the medical student's ROS and PFSH into his/her notes, the attending should document a reference to that portion of the medical student's notes.

Example:

History reviewed, patient examined and I agree with the ROS and PFSH by Medical Student.

If the attending does **not** refer to a medical student's notes, then the attending's documentation will **stand-alone**. This means, that **any** part of the ROS and PFSH completed by the medical student, when **not** referred to by the attending, will **not** count towards the level of service.

Example:

History reviewed, patient examined. Patient presents with one-day history of asthma...

This note would **stand-alone** based on the documentation and the medical student's notes will be **omitted** when choosing the level of service.

When referring to a medical student's notes, an attending must still give complete documentation for the **HPI (history of present illness), exam and decision making.**

Example:

History reviewed, patient examined and I agree with the ROS and PFSH by Medical Student. Patient presents with a one day history of asthma with increased wheezing and cough. Mother has given home aerosols with no relief. **(HPI)** *On exam, ...*(**exam**) *Final Diagnosis...*(**decision making**)

If medical student has given two or more ROS and at least one element of PFSH, then this note would probably meet the documentation requirements for a **detailed history.** However, if the medical student's note is not referred to and this note had to **stand-alone,** documentation would only support an **expanded problem focused history** because the attending does not document **PFSH** in the note. In the Emergency Department, this would **decrease** the E/M level from a level **IV** E/M to a level **III** E/M. This is why attendings **must** make sure to refer to the medical student's note if it is being used to support the level of service.

For procedures where a medical student assists an attending, documentation should reflect the medical student's involvement.

Example:

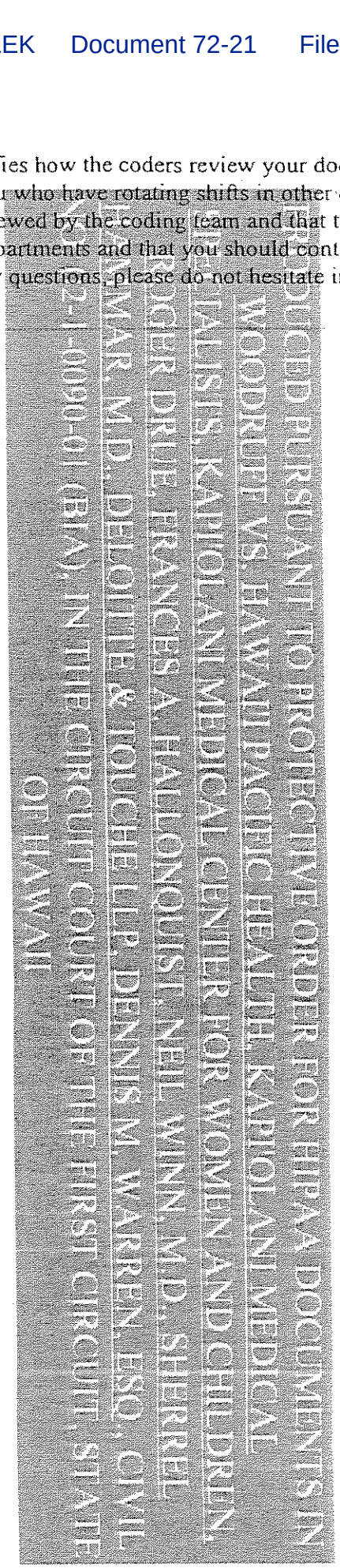
Procedure Note: I performed the procedure with the assistance of Medical Student. Area infiltrated with 1- % lidocaine without epinephrine and irrigated and cleansed well. Total of five interrupted sutures of 4-0 Ethilon were placed. Dr. Attending

I am hoping that this clarifies how the coders review your documentation. You should also be aware, those of you who have rotating shifts in other departments, that your documentation is still reviewed by the coding team and that these guidelines are standard across the board for all departments and that you should continue to follow the guidelines. If there are any questions, please do not hesitate in contacting us.

Sincerely,

The KMS Coding Team

Cindi Coyle, CPC
Kara England, CPC
Dawn Wittke, CPC



KMCWC HemOnc Department
Rejected Woodruff Requests For Billings
January 19, 2000 to May 25, 2001

DATE	TIME	PLACE	AGE	NAME	DX	PROCEDURE/COMMENTS	DF	COMMENTS
2/16/00	10:30	PAU	3.5	[redacted]	ALL	8758 LP c	✓	Records Attached - Not Billed MD co-signed DF note
4/19/00	8:30	Wilcox	1.5		AML	10761 LP c IT meds	✓	Records Attached - Not Billed MD co-signed DF note
5/8/00	2:00 pm	PAU	11		NHL	11068 LP c	✓	Records Attached - Not Billed MD co-signed DF note
5/23/00	11:00	PAU	8		-	BM LP	✓	Records Attached - Not Billed MD co-signed DF note
5/31/00	10:30 am	PAU	9		ALL	11784 LP c	✓	Records Attached - Not Billed MD co-signed DF note
7/13/00	10:30 am	Wilcox	14		ALL	13051 LP c	✓	Records Attached - Not Billed MD co-signed DF note
7/24/00	11:30	PAU	12		ALL	13222 LP c	✓	Records Attached - Not Billed MD co-signed DF note
7/28/00	1:30	PAU	-		ALL	13320 LP c	✓	Records Attached - Not Billed MD co-signed DF note
7/28/00	12:30	PAU	6		ALL	13190 LP c	✓	Records Attached - Not Billed MD co-signed DF note
7/28/00	2:30	PAU	-		ALL	13370 LP c	✓	Records Attached - Not Billed MD co-signed DF note
7/31/00	10:30	PAU	14		MDS	13234 BM BX RFLPS Cytogenetics	✓	Records Attached - Not Billed MD co-signed DF note
7/31/00	12:30	PAU	5		ALL	13589 BM	✓	Records Attached - Not Billed MD co-signed DF note
8/2/00	12:30	PAU	3.5		ALL	13384 LP c	✓	Records Attached - Not Billed MD co-signed DF note
10/3/00	9:00 am	PAU	9.5		AML	14923 BM LP c	✓	Records Attached - Not Billed MD co-signed DF note
10/16/00	10:00	PAU	4.5		ALL	15005 LP c	✓	Records Attached - Not Billed MD co-signed DF note
10/19/00	10:30	PAU	18		ALL	LP c Versed and Fentanyl	✓	Records Attached - Not Billed MD co-signed DF note
11/9/00	9:00	PAU	5		ALL	15520 LP c	✓	Records Attached - Not Billed MD co-signed DF note
11/20/00	11:00	PACU			LCH	BM & BX	✓	Records Attached - Not Billed MD co-signed DF note
11/22/00	10:30	PAU	4		ALL	16281 LP c	✓	Records Attached - Not Billed MD co-signed DF note
11/22/00	11:30	PAU	11		ALL	16282 LP	✓	Records Attached - Not Billed MD co-signed DF note
12/1/00	8:30	PAU	11		NHL	16594 LP c	✓	Records Attached - Not Billed MD co-signed DF note
12/6/00	8:00	PAU	7		CML	16626 RFLP's, BM, BX, LP Cyto	✓	Records Attached - Not Billed MD co-signed DF note
12/8/00	8:30	PAU	4		ALL	16750 LP c	✓	Records Attached - Not Billed MD co-signed DF note
1/15/01	8:30	PAU	6		ALL	17621 BM & LP	✓	Records Attached - Not Billed MD co-signed DF note
2/12/01	9:30	PAU	9		NHL	18625 LP c	✓	Records Attached - Not Billed MD co-signed DF note
2/13/01	9:00	PAU	4		ALL	18442 LP c	✓	Records Attached - Not Billed MD co-signed DF note
4/2/01	10:00	PAU	5		ALL	19962 LP c	✓	Records Attached - Not Billed MD co-signed DF note
5/25/01	8:30	PAU	5		ALL	21539 LP c	✓	Records Attached - Not Billed MD co-signed DF note

A20620